

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/590795 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1									51			
2									52			
3									53			
4									54			
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44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.		↓		↓		↓			TOTAL IND.	↓	↓	↓
TOTAL DEP.		←		←		←			TOTAL DEP.	←	35	←
TOTAL CLAIMS									TOTAL CLAIMS		37	